

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2008 08:00 AM
Secretary of State**

DOCUMENT # P06000002168

1. Entity Name
THE AMERICAN CRAVINGS COMPANY



Principal Place of Business

**491 MOLLIE BOULEVARD
HOLBROOK, NY 11741**

Mailing Address

**20850 NE 31ST PLACE
AVENTURA, FL 33180**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4085096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MR
NAME	LEVI, ERIC
STREET ADDRESS	491 MOLLIE BOULEVARD
CITY-ST-ZIP	HOLBROOK, NY 11741
TITLE	MRS
NAME	MILLER, CARLA
STREET ADDRESS	20850 NE 31ST PLACE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MRS
NAME	PLONKA, NINA
STREET ADDRESS	10677 SAN BERNARDINO WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000900119
04/29/08-80016-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE